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Healthy Adolescents Empowered Adolescents

Enable Adolescents to
Value themselves...
Make healthy choices...



Ministry of Youth Affairs & Sports
Government of India



United Nations Population Fund

1 Understanding Adolescence

VISION

Adolescents empowered to make informed choices in their personal and public life promoting creative and responsible behaviour through Information, Education and Services.

Who are Adolescents?

Adolescents are persons between the age group of 10-19 years. Adolescence is the period in life that signals a shift from childhood to adulthood. This is a period of rapid physical, psychological and social maturation. Growth phases can be demarcated as early adolescence (10-13 years), middle adolescence (14-16 years) and late adolescence (17-19 years).

Understanding Adolescence

Adolescence is a period of transition from childhood to adulthood marked by:

- ✳ Perceptible physical, biological and emotional changes.
- ✳ A need to extend relationships beyond the immediate family.
- ✳ A sense of idealism, curiosity and adventure.



Courtesy: Voluntary Health Association of India

Why focus on Adolescent Health?

- * Adolescents constitute considerable proportion of India's population (22%).
- * They are a rich human resource and an important part of the development process.
- * Good health of adolescents will help in raising the health status of the community.
- * Adolescents comprise a major part of the reproductive age group; they will play a significant role in determining the future size & growth of India's population.
- * A supportive and caring environment will promote optimum development of their physical and intellectual capabilities.
- * Adolescents are highly vulnerable to HIV/AIDS and other STIs.
- * Health of adolescent girls has an intergenerational effect.
- * Right information, an enabling environment and supportive services help adolescents take informed decisions regarding important health issues and contribute to a better future.



Courtesy: UNAIDS

2 Profile of Adolescents in India

- ✱ **Adolescents comprise a sizeable population** – There are 225 million adolescents comprising nearly one-fifth (22 percent) of the total population (Census 2001).
- ✱ **Composition varies by age and sex** – Of the total adolescent population, 12 percent belong to 10-14 age group and nearly 10 percent are in the 15-19 age group. Female adolescents comprise almost 47 percent and male adolescents 53 percent of the total population. The sex ratio is 882 females for 1000 males, lower than the overall sex ratio of 933. It is 902 for younger adolescents aged 10-14 years and 858 for older adolescents aged 15-19 years (Census 2001).
- ✱ **Early marriage is common** – Mean age at marriage for females is 18 years and males 22.6 years. However, more than half (51 percent) of the illiterate currently married females are married below the legal age at marriage. Nearly 20 percent of the 1.5 million girls married under the age of 15 years are already mothers (Census 2001). Age at marriage for females is influenced only when the population is matriculate/secondary and above.
- ✱ **Female mortality is a cause of concern** – Gender differentials in mortality rates exist during adolescence. Female mortality rates are higher as compared to males during 15-24 years. Mortality in female adolescents of 15-19 is higher than adolescents of 10-14 years. The pervasiveness of discrimination, lower nutritional status, early marriage and complications during pregnancy and childbirth among adolescents contribute to female mortality (CSO 2002, SRS 1999).
- ✱ **Adolescents from rural areas and girls are disadvantaged in education** – Twenty five percent of the 15-19 years age group in rural areas and 10 percent in urban areas are illiterate. The male-female differences grow with each level of education (NSSO 55th Round, 2001). Enrollment figures in schools have improved, but gender disparities persist. Girls account for less than 50 percent enrollment at all stages of schooling. Rural girls are most disadvantaged. The challenge is to keep students in schools. The dropout rate from class 1 to X is around 68 percent.



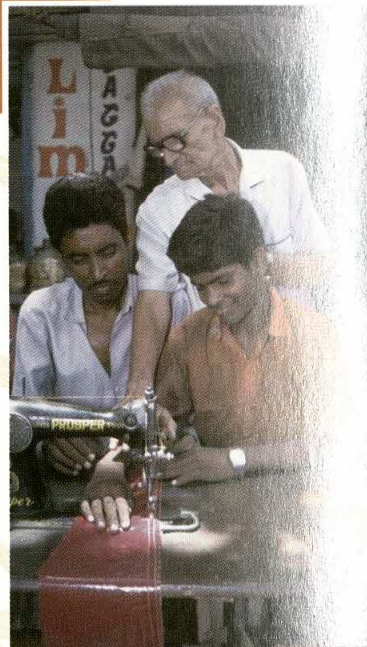
* **Economic compulsions force many to work** – Nearly one out of three adolescents in 15-19 years is working – 21 percent as main workers and twelve percent as marginal workers (Census 2001). Economic compulsions force adolescents to participate in the workforce resulting in high dropout rate for education. Despite adult unemployment, employers like to engage children and adolescents because of cheap labour.

* **Malnutrition affects development** – Intake of nutrients is less than the recommended daily allowances for adolescents below the age of 18 years both for boys and girls in rural India (NNMB 2001). More than 70 percent girls in the age group of 10-19 years suffer from severe or moderate anaemia (DLHS-RCH 2004). Adolescent mothers are at a higher risk of miscarriages, maternal mortality and giving birth to stillborn and underweight babies. Iodine Deficiency Disorders can lead to growth retardation and retard mental development. Only half of the households are using Iodised salt for cooking in India (MICS 2000).

* **Drug abuse is emerging as a problem** – Twenty four percent of the drug users were in the age group of 12-18 years. The subjects in the treatment centers reported that about 11 percent were introduced to cannabis before the age of 15 years, and about 26 percent between the age of 16 and 20 years. (UNODC and Ministry of Social Justice & Empowerment, 2004). Social factors such as illiteracy, economic background, unemployment, and family disharmony increase vulnerability to drug abuse.

* **Crimes against adolescents are prevalent** – Crimes against girls range from eve teasing to abduction, rape, prostitution and violence to sexual harassment. Most rape victims are in the age group of 14-18 years. In 82 percent of rape cases, the victims knew the offenders and 32 percent were neighbours (NCRB 2001). Unfortunately, social taboos prevent these crimes from being registered. Even when registered, prosecution rarely takes place. In case of sexual abuse of boys (12-17 years), they are mainly victims of homosexual abuse.

* **Delinquent behaviour is increasing** – Incidences of vagrancy, delinquency, alcoholism, drug addiction, truancy, and crime amongst adolescents have seen a sharp increase in the last few years. Boys outnumber



girls and most of them are illiterate or have studied upto the primary stage (41 percent primary, 29 percent illiterate); a large number are school dropouts (NCRB 2003)

Unmet need for contraceptives – Age specific fertility rate in the age group of 15-19 years contributes to 19 percent of the total fertility rate. Amongst currently married women, the unmet need of contraception is the highest in the age group 15-19 years. Nearly 27 percent of married female adolescents have reported unmet need for contraception (NFHS-2).

Trafficking and sex work has increased – Extreme poverty, low status of women and complacency of law enforcing agencies has led to an increase in sex work. Expansion of trafficking and clandestine movement of young girls has also increased across national and international borders.

Premarital sexual relations are increasing – Most sexually active adolescents are in their late adolescence. Increase in age at marriage, increased mobility and negative peer pressure makes the young people vulnerable to indulging in unsafe sexual behaviour.

Disability in adolescents is being recognized – Disability was reported among 1.99 percent of the adolescents in the 10-19 age group. Among the disabled adolescents, 40 percent reported visual disability and nearly one third (33 percent) reported movement disability. Males generally reported a higher percentage of the disability than the females (Census 2001).



References

Census 2001. Office of the Registrar General India; CSO. 2002. Women and Men in India; DLHS-RCH (District Level Health Survey - Reproductive and Child Health) 2002. Ministry of Health & Family Welfare; IIPS and ORC Macro. 2000. National Family Health Survey 1998-99; MICS (Multiple Indicator Survey). 2001. DWCD. GOI and UNICEF; NACO and UNICEF, 2001. Knowledge, attitudes and practices of young adults (15-24 years); NCRB (National Crime Records Bureau) 2001. Ministry of Home Affairs, GOI; NNMB (National Nutrition Monitoring Bureau) 2001; NSSO (National Sample Survey Organisation) 2001. 55th Round; SRS (Sample Registration System Statistical Report) 1999. Registrar General, India; UNODC and Ministry of Social Justice & Empowerment, 2004. National Household Survey on Drug Abuse in India.

3 Needs and Concerns of Adolescents

Psychological Concerns

Developing an identity

- * Self-awareness helps adolescents understand themselves and establish their personal identity. However, as is customary, they are not able to effectively explore their potential and establish a positive image.
- * Adolescent girls are groomed for stereotype gender roles. Boys build their 'egos' to assume masculine roles. "Suffering in silence" is seen as a virtue among women and girls.
- * Exposure and mobility helps them to dream and have aspirations. However, restricted mobility, especially for girls, limits their choices and aspirations.



Courtesy: Ministry of Youth Affairs & Sports

Provide adolescents opportunities to understand themselves to fulfill their aspirations.

Managing emotions

- * Adolescents have frequent mood changes reflecting feelings of anger, sadness, happiness, fear, shame, guilt, and love. Very often, they are unable to understand the emotional turmoil.
- * Sex hormones secreted during puberty affect changes in sexual and emotional behaviour. Lack of knowledge regarding bodily and emotional change causes stress.
- * They do not have a supportive environment in order to share their concerns with others. Counseling facilities are not available.

Make adolescents comfortable while sharing their concerns with others. Build coping skills to help them deal with their emotions.

Building relationships

- * As a part of growing up, adolescents redefine their relationships with parents, peers and members of the opposite sex. Adults have high expectations from them and do not understand their feelings.
- * Adults do not respect their right to choose with dignity and participate in decision-making processes.
- * Adolescents need social skills for building positive relationships with others. Mutual attraction between boys and girls is common but societal pressures do not allow them to meet members of the opposite sex freely and establish healthy relationships based on respect and understanding.

Enable them to develop their thinking skills (critical thinking) to understand boundaries that may be physical or emotional, within relationships.



Resisting peer group pressure

- * Adolescents find it difficult to resist peer pressure. Influence of friends sometimes leads them to experiment with risky sexual behaviour resulting in life long consequences.
- * Abuse of alcohol, opium and cannabis has been known for long but the consumption of drugs like heroin and hashish is a new trend. The peer group, with pressure for conformity, introduces drugs with smoking to begin with, switching to hard drugs later.
- * Studies have reported that drug peddlers push street children and youth from lower socio-economic status into drug abuse in the form of wages for work. Twenty one percent of 40,000 male users studied in a household survey were in the age group 12-18 years (UNODC 2003).
- * The risk of contracting HIV and getting involved in anti-social behaviour are serious consequences of drug abuse.

Build negotiation skills of adolescents not only to resist negative peer pressure but also to influence others to be involved in constructive action and positive behaviour.

Health Concerns

Understanding the process of growing up

- Adolescence is a critical stage of growth and development. During this time, adolescents go through rapid physiological and hormonal changes leading to maturity and sexual development. Very often they do not understand these changes and get emotionally stressed.
- Misconceptions about masturbation and nocturnal emissions cause stress. Social norms and inability to share their concerns with others make it even more stressful.
- Myths and misconceptions related to menstruation affect the social behaviour of girls.
- Importance of genital hygiene is not emphasized leading to reproductive tract infections.

Enhance their understanding of the physical and emotional changes. Develop a scientific attitude to remove myths and misconceptions.



Courtesy: Women's Feature Service

Acquiring information and education on sexual and reproductive health

- * Adolescents want sexuality education, but there is resistance from adults in the family and community.
- * In the absence of communication between adolescents and parents, adolescents seek information from their peer group who are also ill informed.
- * Teachers feel inhibited to discuss issues frankly, sensitively and interestingly.
- * Adolescents have limited knowledge of contraceptive use. They do not anticipate the consequences of non-use. They lack confidence and the motivation to use contraceptives and are embarrassed to find out how to use them. They also lack skills to gather information on its use.

Equip adolescents with information, education and skills for behaviour that is responsible towards self and others.

Poor health

- * The rapid growth that occurs in adolescents places extra demand on nutritional requirements. During this period, more than 20 per cent of total growth in stature and up to 50 per cent of adult bone mass is achieved resulting in 50 per cent increase in calcium requirements. However, data shows that intake of nutrients is less than the recommended daily allowances for both boys and girls in rural areas (NNMB, 2001).
- * Adolescent girls have additional 15 per cent requirement of iron to compensate for menstrual blood loss. Nearly 50 per cent of girls are anemic.
- * Gender discrimination results in malnutrition of girls. In terms of food intake, they are worse off than their brothers.

Bring about an attitudinal change to ensure that nutritional needs of adolescents, especially girls are adequately met.



Courtesy: Voluntary Health Association of India

Delaying marriage

- * Girls are forced into early marriage and have very little say in selecting their marriage partners.
- * Early marriage has far reaching consequences in terms of their development, fertility rate and reproductive health.
- * Marriage curtails education and alters their choice of careers.



Take action for advocacy, promotion of girls' education and stricter enforcement of legal age of marriage.

Avoiding unwanted pregnancy

- * Early marriage pushes girls into early childbearing and they do not have children by choice. Risks include hemorrhage, anemia, delayed or obstructed labor, low birth weight of the baby, miscarriage, damage to the reproductive tract and in some cases, even death of the mother.
- * For unmarried mothers, there is social stigma.
- * Teenage parents lack experience, skills and resources needed to raise their children.

Empower adolescents to protect themselves from unwanted pregnancies and to enjoy the right to safety and security.

Accessing health services

- * Boys are reluctant to seek information and treatment if they suffer from sexually transmitted infections, as it would mean admitting ignorance and indulging in high-risk behaviour. They are embarrassed to seek medical services and are not assertive enough to get their needs met.
- * Limited mobility of girls restricts their access to information and services on reproductive health.
- * Attitude of health service providers towards unmarried adolescents is not positive regarding contraceptives and services.

- ♦ Lack of confidentiality is an obstacle in accessing health services as adolescents are reluctant to share information related to their sexual activities.

Make health services adolescent-friendly and accessible.

Vulnerability to risky behaviour

- * Cultural values characterize men as independent, dominant, and aggressive, compelling boys to take risks in their sexual activities.
- * Adolescents are vulnerable to sexually transmitted infections and HIV/AIDS because of their high-risk behaviour and greater biological susceptibility to certain STIs. The younger the girl, the more the risk, especially if she is forced into her first sexual intercourse.
- * Adolescents living on the streets are vulnerable to high risk.
- * Adolescents who are sexually active fall prey to risky behaviour. Prevalence of premarital sex is increasing. The fallouts of risky sexual behaviour are: early, high-risk pregnancy, sexually transmitted infections, and HIV/AIDS.

Reduce vulnerability of adolescents to risky behaviour and enhance their life skills to make responsible decisions.

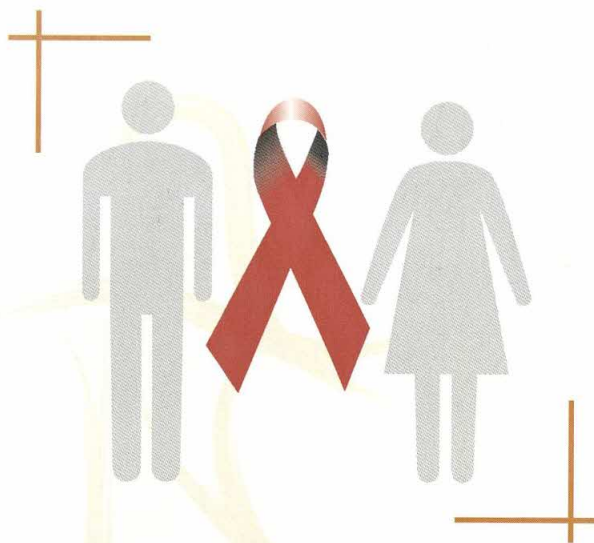
Resisting sexual exploitation and reporting gender based violence

- * Crimes are rarely registered and conviction rates are very low reflecting the poor performance of prosecution in bringing the guilty to book.
- * There are hardly any support services that deal with the physical injuries and mental trauma of victims of sexual violence.

Strengthen support services to help the traumatized victims. Sensitize personnel involved in apprehension, prosecution and hastening of trials of victims.

4 HIV/AIDS Epidemic in India

- ✧ India has the second-largest population of HIV infected individuals. From one case in 1986, the number of HIV infected people is now estimated at 5.1 million.
- ✧ The HIV prevalence is about 0.92 percent and is maximum in the age group 15-49 years. In spite of being a low prevalence country, in view of the large population, a mere 0.1 percent increase in the prevalence rate would increase the numbers living with HIV infection by over half a million.
- ✧ One hundred and eleven districts have been classified as high prevalence districts with HIV prevalence more than one percent in antenatal women and/or more than 5 percent in high-risk behaviour groups. Six states (Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur, and Nagaland) are considered as high prevalence states.
- ✧ The epidemic is moving from "high risk" behaviour groups and urban centers to the general population and the rural hinterland.
- ✧ The epidemic has become 'feminized' with more women becoming infected. The number of women infected is steadily rising - one in every four cases reported is a woman.
- ✧ Over 35 percent of all reported AIDS cases in India occur among young people in the age group of 15-24 years, indicating that young people are highly vulnerable. Majority are infected through unprotected sex.
- ✧ A national study by NACO/UNICEF (National Behavioral Surveillance Survey, 2001) among young people (15-24 years) found that there is high level of awareness about HIV especially among urban males. 83 percent respondents knew of at least two correct modes of transmission of HIV/AIDS. Respondents educated beyond Class VIII had highest levels of awareness. However, awareness among rural females was low in Jharkhand, Gujarat, Chattisgarh, Uttar Pradesh and West Bengal.
- ✧ Misconceptions on certain modes of transmission are widespread. Only 27 percent were aware that a mosquito bite or sharing a meal with an infected person could not transmit HIV. 73 percent of young people were unaware that a healthy looking person could transmit infection.
- ✧ Awareness of condoms was high. Males had better awareness compared to females in the urban and rural areas. Nearly half of them reported using condom in the last casual sex and consistent condom use was much lower across different sub sections.



- * Among injecting drug users, the use of sterile injecting equipment was lower among the younger respondents (less than 19 years) compared to older respondents.
- * More than half the respondents were aware that there is no cure for HIV/AIDS. Less than a third reported being aware of STIs. The awareness was uniformly low across all sub populations. Overall, only about five respondents were aware that STI patients had a higher risk of HIV infection.
- * Negative attitudes exist towards HIV positive individuals. Less than fifty percent had a positive attitude towards HIV infected persons. Only forty-one percent of young people were willing to share needles with infected persons.



Facing the threat of HIV/AIDS

Even though HIV infections are reported in youth below 25 years, majority of young people do not believe that HIV is a threat to them and many others do not know how to protect themselves from it.

Impoverished, unemployed, underemployed, mobile and migrant youth and street children are particularly vulnerable to HIV as they are less likely to have basic information about HIV or access to prevention services. They may face repeated risks of HIV infection through sexual exposure due to coercion or while selling sex in order to survive.

Setting up of the Voluntary Counselling and Testing Centres (VCTC) is an important step but adolescents are not aware of these and do not feel comfortable accessing the services.

Reaching youngsters at an impressionable age before they become sexually active, can lay the foundations for a responsible lifestyle, including sex and marriage.

(Source: NACO and UNICEF, 2001. Knowledge, attitudes and practices of young adults (15-24 years; NACO. 2005. India Resolves to Defeat HIV/AIDS).



Enable adolescents to protect themselves and become advocates for HIV prevention.

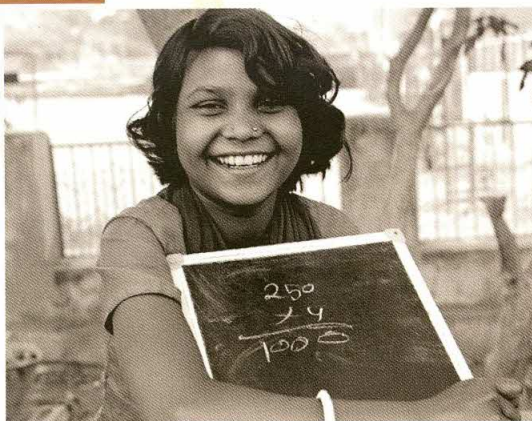
School System: Adolescence Education

Content

- * Process of growing up – physical, psychological and social aspects of growth; socio-cultural development including self-concept, self-esteem, changing relations with parents, peer group; gender roles.
- * HIV/AIDS – causes, preventive measures; social responsibilities towards people living with HIV/AIDS; RTIs, STIs.
- * Substance abuse – situations; consequences; preventive measures, treatment, rehabilitation; individual & social responsibilities.

Strategies

- * Awareness building
- * Co-curricular activities
- * Integration in the school curriculum
- * Development of life skills in the context of ARSH



Courtesy: Doosra Dashak



Courtesy: Voluntary Health Association of India

Non-formal System: Life Skills Education for ARSH

Content/Issues covered

- * Nutrition
- * Personal hygiene
- * Teenage pregnancy
- * Conception
- * Contraception
- * Adopting safe informed sexual behaviour
- * Prevention of RTIs, STIs, HIV/AIDS
- * Caring and supporting people living with HIV/AIDS
- * Addressing sexual harassment and violence
- * Avoiding maternal morbidity and mortality
- * Substance abuse



Strategies

- * Environment building
- * Capacity building of facilitators and peer educators
- * Integration of ARSH in literacy, continuing education, vocational training, self-help groups
- * Linkages with the health system to provide adolescent friendly health services on pilot basis



What are the objectives of Adolescence Education/LSE for ARSH?

- ✳ To provide authentic and accurate information about physical, psychological and socio-cultural issues related to adolescent reproductive health.
- ✳ To inculcate a healthy attitude towards sex, respect for the opposite sex and responsible sexual behaviour.
- ✳ To help adolescents understand the implications of STIs, HIV/AIDS, unsafe abortions, their causes and the means to protect it.
- ✳ To increase sensitivity to the needs of people living with HIV/AIDS.
- ✳ To make adolescents aware of the causes and consequences of drug abuse and ways of preventing it.
- ✳ To enhance *Life skills* of adolescents to make informed and responsible decisions related to ARSH.



How can we focus on life skills development in Adolescence Education?

Information is important to make sound and wise decisions in life. However, we need skills to transfer knowledge (what one knows) and attitudes or values (what one believes and feels) into actions (what to do and how to do it). **Life skills** are abilities that help individuals to be successful in living a productive and satisfying life. Life skills are essentially those abilities that facilitate the physical, mental and emotional well-being of an individual. Life skills build confidence and self-esteem in adolescents to face the realities and challenges of life. Adolescents can be empowered by enabling them to take informed decisions and negotiate effectively. Negotiation skills are the result of thinking and social skills.

Basic principles

- * Interactive teaching-learning process.
- * Gender sensitization built into the content and process.
- * Use of culturally specific methods and materials.
- * Recognition of rights of adolescents to health information and services.

Framework: Life Skills for ARSH



National Policies

Ministry of Youth Affairs and Sports

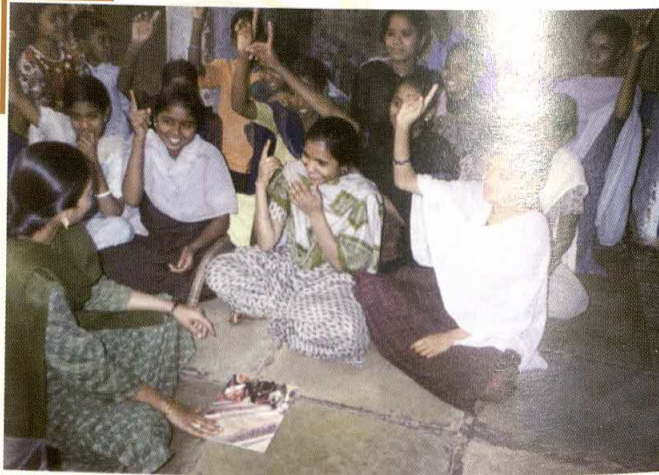
* National Youth Policy, 2003

The National Youth Policy has identified five areas of focus related to health: (i) general health; (ii) mental health; (iii) spiritual health; (iv) HIV/AIDS, sexually transmitted diseases, substance abuse; and (v) population education. General health focuses on nutrition, iron deficiency, anemia, hygiene and sanitation, and physical exercises. For mental health, the policy advocates a system of education enabling young people to face the challenges of life and establishment of state-sponsored and free counseling services. Spiritual health through yoga and meditation has been recommended. Recognizing the vulnerability of adolescents to high-risk behaviour affecting their reproductive and sexual health, education and health services have been stressed. The need for delaying age of marriage and understanding responsibility in checking the high rate of population growth through responsible sexual behaviour has been emphasized in population education.

Goal - Galvanize the youth to rise up to the new challenges, keeping in view the global scenario and motivating them to be active and committed participants in the exciting task of national development.

- ◆ Youth in the age group of 13-35 years covered with sub-groups 13-19 years (adolescents) and 20-35 years.
- ◆ Active participation of youth, including adolescents, visualized at all levels.
- ◆ Youth empowerment recommended through education, nutrition, leadership development and equality of opportunity.
- ◆ Inter-sectoral approach considered pre-requisite for dealing with youth-related issues.

- ◆ Gender justice recommended through education, access to services including reproductive health and decision-making process to productive resources and economic opportunities.
- ◆ Holistic approach towards health, mental, physical and spiritual, after careful assessment of health needs, recommended.
- ◆ State-sponsored and free counseling services for youth, particularly adolescents recommended. Establishment of adolescent clinics in large hospitals, proposed.
- ◆ For HIV/AIDS, two pronged approach of education and awareness for prevention and proper treatment and counseling for cure and rehabilitation.
- ◆ Peer education strategy proposed for promoting health services. Role of young people as "Health Promoters" has been envisioned.
- ◆ National and State Youth Centre proposed to provide young people a common platform to express their opinions.



Ministry of Health and Family Welfare

* **National Health Policy 2002**

Goal - Provision for an acceptable standard of good health amongst the general population of the country through equitable access to health services.

- ◆ Female adolescents are not identified separately but grouped with children and pregnant women within Maternal and Child Health services.
- ◆ Nutritional needs of adolescent girls recognized.
- ◆ Need for health and population education recognized.
- ◆ Priority to school health programmes aimed at preventive health education, health check-ups and promotion of health seeking behaviour.
- ◆ Efforts to bring about behavioral changes to prevent HIV/AIDS and other life-style diseases.

* **National Population Policy 2000**

Goal - Population stabilization at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

- ◆ Mention of adolescents in information, nutrition, contraceptive use, STDs and other population related issues.
- ◆ Adolescents recognized as an under-served population group with special sexual and reproductive health needs. Critical role of adolescents in population stabilization recognized.
- ◆ Health package for adolescents recommended as operational strategy but not spelt out.
- ◆ Problem of early marriage, teenage pregnancy and spacing addressed. Recommendations for enforcing the Child Marriage Restraint Act in order to reduce teenage pregnancies. Promotional and motivational measures considered for couples below the poverty line which marry after the legal age of marriage.

- ◆ Problem of social injustice and gender discrimination recognized. Need for higher retention of girls in schools emphasized.
- ◆ Marginalized adolescent groups prioritized in terms of geographical location and reach of services.

* **National AIDS Prevention and Control Policy 2000**

Goal - Prevent the epidemic from spreading and reduce the impact of the epidemic not only upon the infected persons but also upon the health and socio-economic status of the general population at all levels.

- ◆ Covers a wide range of 18-40 years. Street children and sex workers identified as vulnerable groups.
- ◆ Risks to adolescents identified and harm minimization approach involving education and services recommended.
- ◆ Peer education as a strategy advocated. Specially packaged programmes for students, out-of-school youth and sexual partners of migrant workers recommended. HIV/AIDS to be included in Population Education.
- ◆ Widespread abuse of human rights and discrimination against people living with HIV/AIDS recognized. Measures for adopting a rights-based approach recommended.



Ministry of Human Resource Development

National Policy on Education, 1986 (as modified in 1992)

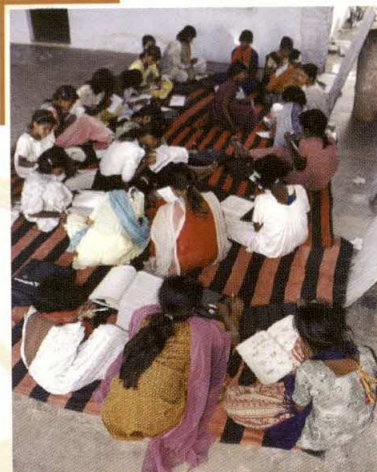
Goal - Equalizing education opportunities in the age group of 15-35 years, free and compulsory elementary education for all children up to 14 years of age, and functional literacy to adult illiterates.

- ◆ Supportive services to ensure girls receive elementary education and adolescents receive non-formal education are proposed.
- ◆ Visualizing education as a tool in promoting women's empowerment.
- ◆ Role of adolescents in population stabilization and parenthood recognized.

National Policy for the Empowerment of Women, 2001

Goal - Advancement, development and empowerment of women.

- ◆ Adolescent girls identified as a vulnerable group.
- ◆ Inequities recognized at the macro and micro level. Gender discrimination acknowledged.
- ◆ Including the adolescent girl within the ambit of ICDS proposed for a safe motherhood status.
- ◆ Mechanism for Nutritional Surveillance through National Nutrition Monitoring Bureau (NNMB) advocated.
- ◆ Need for tackling cycle of poverty recognized for education and improved health status.
- ◆ Importance of education for social empowerment recognized.
- ◆ Gender-based violence recognized as a contributing cause requiring legal action.
- ◆ Early marriage recognized as a problem of infant and maternal mortality.
- ◆ Removal of gender stereotypes encouraged through media.



Courtesy: Doosra Dashak

Programmes Implemented by the Government

Ministry of Youth Affairs and Sports

* Youth Affairs Schemes

Scheme for Promoting National Integration seeks to provide a common platform to the youth from different parts of the country and from diverse religious and cultural background to interact with each other and become aware of the underlying unity amidst diversity. Other schemes are for promoting youth activities and training; promotion of adventure; Scouts and Guides; Youth hostels; National Service Volunteer Scheme; Assistance to Rural Youth and Sports clubs; awards to outstanding clubs, Indira Gandhi NSS awards and Youth Development Centres.

* Sports Schemes

There are about twenty-one schemes under Sports schemes. Some of the schemes are designed to select physically fit children and adolescents and groom them to excel in sports.

* National Service Scheme

Popularly known as NSS, National Service Scheme has over 2 million student volunteers spread over 176 universities and 22 senior secondary schools. NSS has two types of programmes: Regular Activities and Special Camping Programmes undertaken by its volunteers. Under Regular Activities, students are expected to work as volunteers for a continuous period of two years, rendering community service for a minimum of 120 hours per annum. The activities include improvement of campuses, tree plantation, constructive work in adopted villages and slums; work in welfare institutions, blood donation, adult and non-formal education, health, nutrition, family welfare, and AIDS awareness campaigns. Under Special Camping Programme, a 10-day camp is conducted every year in the adopted villages/areas on specific themes like Youth for Aforestation and Tree Plantation, Youth for Mass Literacy, and Youth for Rural Reconstruction.

* **Nehru Yuva Kendra Sangathan**

Nehru Yuva Kendra Sangathan (NYKS) is an autonomous organization of the Department of Sports and Youth Affairs, with its offices in nearly all the districts of India. NYKS is the largest grassroots level apolitical organization in the world, catering to the needs of more than 8 million non-student rural youth from nearly 500 districts from across the country. NYKS works in the areas of community mobilization of adolescents and youth for the overall development and active participation in nation building. Social messages are imparted using local folk art and culture of rural India through *nukkad nataks*, skits, one-act plays, folk dances, folk songs and puppetry. Projects and programmes are taken up in collaboration with other ministries, international agencies in the field of self employment, HIV/AIDS, reproductive health, volunteerism, disaster management with active participation of young people through youth clubs and Mahila Mandals.



Courtesy: Doosra Dashak

* **Scheme of Financial Assistance for Development and Empowerment of Adolescents**

Started in 2004, the scheme aims at providing financial assistance to organizations for the development and empowerment of adolescents. It hopes to stimulate action for adolescents from the economically and socially neglected sections of society. The objectives of the scheme are: to build and develop an environment which recognizes the special needs of adolescents and provides for adolescent-friendly services; and to sensitize stakeholders – parents, teachers, government functionaries, media, community, youth – about the needs and problems of adolescents through sustained awareness building and advocacy. Main elements of the scheme comprise of – environment building, life skills education, counseling, career guidance and melas, research and technical resource development.

Ministry of Health and Family Welfare

- ✿ **Reproductive and Child Health (RCH) programme** - This programme in its second phase (2002-2010), is an integrated programme that combines family welfare, women and child health services. A two-pronged strategy will be supported for adolescents under the RCH 2. Strategy One falls within the overall scope of the RCH 2 programme in all the states. The Department of Family Welfare will incorporate adolescent issues in all the RCH training programmes and all RCH materials developed for communication and behavioural change.

Strategy Two will be implemented in selected districts (around 75 in the pilot phase). The aim would be to reorganise existing services in order to increase friendliness of services towards young people to improve access and utilization. This strategy will require the Department of Family Welfare to undertake special efforts to reorganize services at the primary health centres on dedicated days and dedicated timings for adolescents.

- ✿ **National AIDS Control programme** - A number of initiatives have been taken up by the National AIDS Control Organization (NACO) to provide information on HIV/AIDS transmission and prevention to in-school and out-of-school adolescents:

- ◆ A toll free *National AIDS Telephone Helpline* has been set up to provide access to information and counselling on HIV/AIDS related issues.
- ◆ *School AIDS Education Programme* focuses on raising awareness levels, helping students resist peer pressure and developing a safe and responsible lifestyle.
- ◆ *Universities Talk AIDS (UTA) Project* is a collaborative partnership between the National Service Scheme (NSS), Department of Youth Affairs & Sports and NACO. The project involves creating awareness among students and the youth on issues related to HIV/AIDS through workshops, seminars and written material especially designed for them. Apart from "Youth to Youth" approach, the programme has a component called "Campus to Community"
- ◆ *Villagers Talk AIDS (VTA)* programme for out-of-school youth is conducted by NYKS network under the auspices of the Ministry of Youth Affairs & Sports. NACO supports 700 NYKS units spread over 410 districts in the country.

Ministry of Human Resource Development

* Department of Women and Child Development (DWCD)

Kishori Shakti Yojana - This scheme for development of the adolescent girls is implemented as a part of the Integrated Child Development Services (ICDS) programme. The scheme extends the coverage of the existing Adolescent Girls' Scheme by enriching the content and strengthening the training content, especially in skill development aspects. Convergence with other sectoral programmes is envisaged.

Swashakti - This rural women's development and empowerment project of the DWCD works through Self-Help Groups. The target group also covers adolescent girls in the age group of 15-19 years.

Swadhar Scheme - This Scheme addresses specific vulnerability of women in difficult circumstances through a home-based and integrated approach that helps trafficked girls to find alternative sources of livelihood.

* Department of Elementary Education and Literacy

• **Sarva Shiksha Abhiyan** - This movement aims to provide useful and relevant elementary education to all children in the 6 to 14 years age group by 2010. Another goal is to bridge social, regional and gender gaps, with the active participation of the community in the management of schools.

♦ **National Programme for the Education of Girls at the Elementary Level (NPEGEL) and Kasturba Gandhi Swatantra Vidyalaya (KGSV)** builds special schools for girls in areas with low female literacy.





(COBSE), National Council of Educational Research and Training (NCERT), Central Board of Secondary Education (CBSE), Navodalaya Vidyalaya Samiti (NVS), Kendriya Vidyalya Samiti (KVS) and National Institute of Open Learning (NIOS) are implementing a project supported by UNFPA to increase students' access to Adolescent Reproductive and Sexual Health (ARSH) related knowledge using life skills approach.

◆ **National Adolescence Education Programme** - The Department of Education

and the National AIDS Control Organisation (NACO) will be implementing a programme for preventing HIV infections among young people and reducing social vulnerability to the infection. Focus is also on sexual and reproductive health and life skills. UNICEF and UNFPA are partners in this Programme.

◆ **Mahila Samakhyia programme** - This is a women's and girls' empowerment project in ten states which helps to create an environment to seek knowledge and information in order to make informed choices and create circumstances in which they learn at their own pace and rhythm.

◆ **National Population Education Project (NPEP)**

- In the Tenth Five Year Plan, Population Education is being supported under the Quality Improvement Scheme (QIS) of the government. *ARSH project using life skills approach* – on a pilot basis, six agencies namely, Council of Board of School Education



Ministry of Social Justice and Empowerment

- ★ **Scheme for Providing Coaching to Students Belonging to Scheduled Castes and Scheduled Tribes** - This scheme provides coaching to students belonging to Scheduled Castes and Scheduled Tribes to enable them compete with socially and economically advantageous sections of society.
- ★ **Scheme for Educational Complex** - Scheme for Educational Complex for 136 districts in the country with less than ten percent literacy rate among Schedule Tribe women.
- ★ **Scheme for Child Helplines** - Child Helplines in major cities of the country to provide emergency assistance to children and adolescents.
- ★ **Services for Treatment of Drug Addicts** - Scheme for prevention of alcoholism and substance (drugs) abuse, treatment and rehabilitation services for the addicts through NGOs. Around 393 Treatment-cum-Rehabilitation centres and 53 Counselling Awareness Centres are working all over the country.
- ★ **Workplace Prevention Programmes** - These programmes have been set up in 15 Industries and Enterprises.

PARENTS

Why are you so important?

- ✱ Families that provide love, nurture and care equally to their children ensure a healthier development for all children.
- ✱ Parents must ensure a safe and secure environment for growth during the formative years of their children.
- ✱ Young people need to be taught basic values to live by. Parents have a responsibility to provide these.
- ✱ Parents and adults in families are role models. They must set the example for young people to emulate.
- ✱ Providing information, education, counseling and clinical services helps young people to be MORE, not less responsible
- ✱ Information and skills will help them live up to their parents' expectations and values; ignorance, fear and mistrust are the greatest enemies of health and empowerment.



Courtesy: WHO

How can you help?

- ✱ Encourage strong decision-making skills among adolescents by providing them with age-appropriate opportunities. This will not only enable them to make decisions but also experience the consequences of those decisions.
- ✱ Accept and respect the independent identity and the right to privacy of the adolescents.
- ✱ Demonstrate your love and respect for your children. It is important that children recognize your love and know that you will support them.

- * Find out about their friends. Help them identify and make friends with those who have a positive influence on them.
- * Introspect and critically analyze your own behaviour that may be followed by your child.
- * Encourage them to get involved in positive activities to channelise their energies. These give competence and confidence. Do not thrust them to attain goals they are unable to achieve.
- * Support sexual and reproductive health education programmes and courses in schools and in non-formal centres. Find out what is being taught about sexuality, who is teaching it, and what your children think about it.
- * Support the setting up and functioning of school and community-based adolescent health centers.
- * Instead of imposing discipline, have a relaxed communication and guide them to adopt a healthy life style. Have conversations within the family on issues related to decision-making and relationships. You could touch on the importance of: emotional and physical changes that they are experiencing; sexual abstinence; marriage; spacing of children; accessing healthcare.
- * Work with adolescents to find books and websites that offer accurate information on sexual and reproductive issues
- * If you or your children feel uncomfortable discussing intimate subjects, identify other adults who can talk to them comfortably to seek answers.

You can play a pro-active role in building your adolescent's healthy understanding of sexuality and sexual behaviour:

- ❖ Re-examine your own attitudes on sexuality, gender stereotypes, stigma and taboos
- ❖ Question notions of 'correct' adolescent behaviour

Encourage adolescents to understand issues of sexual and reproductive health to make informed choices and take responsible decisions.

TEACHERS

Why are you so important?

- * The most important determinant of success of an educational programme like Adolescence Education (AE) is the teacher.
- * Even when the elements of AE are integrated in the syllabi, the teacher has an important role in explaining the content effectively. Most of the elements of AE are very sensitive, delicate and value-laden. Interaction with students on these elements requires adopting a holistic approach.
- * Creating a supportive school environment is very important: the human factor is personified in the teacher.
- * As educators, you can contribute to development of their self-esteem and positive body image.
- * You can encourage adolescents to become sexually responsible adults by changing attitudes and developing rational behaviour among learners.
- * Teachers can promote links with health services to meet the health needs of adolescents.
- * You can protect them from sexual exploitation or sexual abuse.



Courtesy: Doosra Dashak

How can you help?

- * Let adolescents know that you respect and value them.
- * Encourage students to identify their personal, family, community, and religious values on sexual health and respect values that differ from their own.
- * Provide medically accurate information on reproductive and sexual health, including information about contraception and disease prevention.

- * Encourage participation of students in planning, designing, and implementing a comprehensive Adolescence Education Programme. The events could help build life skills through a variety of activity-oriented programmes.
- * Design posters to communicate ideas and messages and exhibit them.
- * Make the class an interactive place where students can freely ask questions. Make use of 'Question Box' to ask questions anonymously.
- * Make use of the morning assembly to tackle a variety of issues forcing uncomfortable social and sexual issues into public domain so that young people are able to talk about it without constraint.
- * Ask students to create a list of community resources needed for confidential family planning, disease prevention and treatment.
- * Organize public events. Invite guest speakers to your school. Organize inter-school debates to open dialogue on the subject.

You are in a position to influence a student's ability to question gender stereotypes and prevailing myths on reproductive health and sexuality:

- ❖ Question gender stereotypes and integrate gender perspectives into the school education
 - ❖ Discuss prevailing ideas on masculinity, myths and misconceptions related to sex and sexuality
 - ❖ Discuss how fathers can be more involved, responsible and committed parents
 - ❖ Provide opportunities for students to build their life skills
-

COMMUNITY LEADERS

Why are you so important?

- * Leaders mould community opinions.
- * Issues related to adolescent reproductive and sexual health require a supportive community environment.
- * Endorsement by leaders provides support to individuals and organizations working for the cause of adolescent health.
- * Community resources can be mobilized and optimally utilized if the leaders are convinced of issues and concerns of adolescents.



Courtesy: Voluntary Health Association of India

How can you help?

Create an environment for exchange of information on ARSH by:

- * Encouraging open discussion and conversations on sexual and reproductive health in public spaces like *panchayat* meetings;
- * Talking of the importance of educating young people and how it can empower them to look after themselves and take care of their families
- * Creating and distributing pamphlets on powerful messages related to the issue of adolescent health.
- * Joining efforts with other campaigns to show linkages between issues. For example, in a pulse polio drive add a message or two about the health hazards that young pregnant women may face.
- * Requesting older members in the family to initiate conversations on adolescent issues during mealtimes and television viewing.
- * Mobilizing the media, including local and folk media, to produce in-depth news stories, articles and features on issues for young persons or a radio station to make an announcement on these issues particularly on days like the World AIDS Day, International Youth Day and Women's Day
- * Recognizing that adolescents have right to health information and services

Make use of community resources:

- * Health centres can be used to disseminate information. Pamphlets and story cards can be used effectively by volunteers to talk to people. It is, however, necessary to seek permission from appropriate authorities
- * The *Panchayat Ghar* can be used for meetings and screening of films.
- * Public vehicles like trucks and tempos can be used to paste messages, information and phone numbers of organizations where young people can access services

Promote action:

- * Arrange to have men and women within the community to speak to boys and girls in schools and colleges on ARSH and gender issues.
- * Arrange for experts and service providers to talk to people within the community.
- * Support NGOs, self-help groups and other institutions working with adolescents to integrate ARSH content into their programmes.
- * Organize discussions to critically review customs and traditions related to early marriage, and healthcare of married and unmarried adolescents, especially girls.

You can become advocates to promote adolescent health issues:

- * Encourage community members to start addressing the issue collectively
 - * Mobilize community resources and support institutions & organizations for adolescent related activities
 - * Support adolescent health services
-

SERVICE PROVIDERS

Why are you so important?

- * You can bring about measurable improvement in the health status of the community.
- * As a respected and knowledgeable person in the community, you can influence others and mobilize support for adolescent health programmes.
- * There are limited facilities for adolescents at the Community Health Centre/Primary Health Centre. Information of these services is not available to adolescents.
- * Adolescents need a friendly environment to access freely these services. Attitude of service providers is very important.



How can you help?

Overcome barriers to utilization of services by adolescents:

- * Find out how many adolescents access health services or approach health workers with their problems. Try to overcome the barriers.
- * Convince opinion leaders to support adolescent health services. Inform the community of the existence of services.
- * Support organizations working with adolescents in integrating health as a component in their programmes.
- * Provide a wide array of services - preventive, curative and counseling.
- * Provide necessary support to girls if they complain of sexual abuse and harassment. Mobilize panchayat leaders.
- * Work with boys on issues related to violence, myths and gender stereotypes regarding sex practices.

Make existing services friendly for adolescents:

- * Communicate with adolescents with warmth and understanding.
- * Make the timings and location convenient to adolescents.

*Personnel working with adolescents through the Health, Education, WCD & Youth departments

- * Make the procedures easy and less expensive.
- * Acknowledge their need for privacy and give sufficient time for counseling.
- * Assure adolescents of confidentiality and encourage them to share their concerns.
- * Do not withhold supply of medicines and contraceptives to adolescents who need them irrespective of age categories and gender.
- * Acknowledge their need for privacy and give sufficient time for counseling.

Involve adolescents in planning and development of health services:

- * Involve them in setting up the services to enhance their sense of ownership.
- * Ensure that programmes are relevant to adolescents' actual needs.
- * Seek their help to identify messages and communication channels and activities popular with their subculture.
- * Make adolescents effectively publicize and propagate programme activities and help them in generating interest in their peers to become programme participants.
- * Involve adolescents as peer educators. This will empower them and enhance their life skills.
- * Equip adolescents to participate in devising evaluation mechanisms to get feedback.

You can improve the health status of adolescents:

- ❖ Reflect on what special care dealing with adolescents entails
 - ❖ Appreciate the need for empathy and understanding in dealing with adolescents
 - ❖ Prevent any negative feelings or judgments coming between you and the adolescents
-

PEER EDUCATORS

Why are you so important?

- * Peers influence and help one another. You can bring about change in an adolescent's life by enhancing knowledge and modifying beliefs, attitudes, behaviour and skills at an individual level.
- * You can also effect change at the societal level by modifying norms and stimulating collective action leading to changes in programmes and policies.
- * You can be a good motivator and role model for young people as you have credibility with them.
- * Young people prefer Peer Educators to adult facilitators and find them more accessible. You can be a close and trusted person and act as a bridge between adolescents and adults.



Courtesy: Doosra Dashak

How can you help?

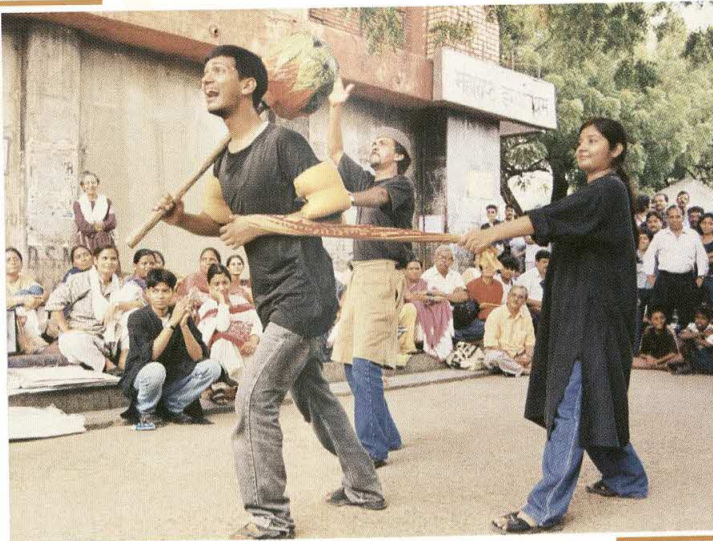
- * Make young people aware of the issues associated with unhealthy behaviour through proper education.
- * Support events, media campaigns and organize other young people to work on critical health issues.
- * Establish an enabling environment by providing information on certain contemporary issues related to culturally sensitive topics. Being a part of the community, this will avoid suspicions that sometimes arise from interventions by external persons.
- * Build local linkages. Provide links to various services by referring peers to professional help.
- * Form network to encourage, support and promote healthy living.
- * Be open to expanding self-awareness. Update yourself with latest information through training and skill building to gain the confidence of your peer group and respect from community members.
- * Become advocates to influence policy by sensitizing decision makers to the needs of young people.
- * Be sensitive to the needs of others.
- * Be creative and non-judgmental.

You can meet the needs of your peer group by:

- ❖ Helping adolescents to gain a sense of independence and building positive self-image
- ❖ Getting positive feedback from those around them
- ❖ Enhancing their life skills and competencies to improve self-esteem and self-confidence
- ❖ Providing enjoyment while gaining information and access to services
- ❖ Remaining motivated yourself to learn and share what you learn

You can improve the health status of adolescents by:

- ❖ Reflecting on what special care dealing with adolescents entails
- ❖ Appreciating the need for empathy and understanding in dealing with adolescents
- ❖ Preventing any negative feeling or judgment coming between you and the adolescents





पृथ्वीराज चव्हाण

राज्य मंत्री

PRITHVIRAJ CHAVAN

Minister of State

प्रधान मंत्री कार्यालय

नई दिल्ली - 110 011

PRIME MINISTER'S OFFICE

NEW DELHI - 110 011

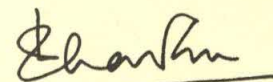
MESSAGE

India has about 230 million adolescents in the age group 10-19 years and the numbers are steadily rising. Though adolescents constitute the healthiest segment of our population they are also most susceptible to peer pressure to risk taking and to substance abuse. At times they lack parental guidance at other times they lack societal support. By addressing their needs the socio economic needs of the country in turn, would get addressed and societal concerns such as social harmony, gender justice and population stabilization would also get main streamed.

I am happy to learn that the Ministry of Youth Affairs & Sports has developed an **Adolescents Health & Development Kit** containing useful information on various issues related to adolescents including growing up, reproductive health, nutrition, rights, gender, personality development, STI/RTI, drug abuse, HIV/AIDS, peer education and life skills education which are central to the needs of the adolescents. I am sure that the "**Adolescents Kit**" would cater to the felt needs of the adolescents and its availability across the country through the network of Nehru Yuva Kendra Sangathan and, National Service Scheme will ensure that no adolescent in the country remains deprived, no adolescent needs remain unfulfilled.

The efforts of the Ministry would go a long way in providing access to the much needed quality resource materials on adolescent's health and development across the country.

September 14, 2005
New Delhi

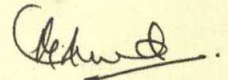

(Prithviraj Chavan)

From the desk of the Secretary

Adolescents in the age group of 10-19 years constitute nearly one-fifth of India's population. This group is vulnerable because of rapid physical, mental and psychological changes occurring in this age, coupled with lack of proper information and education from parents, teachers, service providers and peers. Adolescents feature as a significant demographic group in the National Youth Policy 2003 and their health, including reproductive health, has been recognized as an important component of adolescent programming in India.

MOYAS & UNFPA are collaborating for the "Support to Adolescent Health and Development (2004-2007)" initiative as a part of UNFPA's Sixth Country Programme. The programme focuses on strengthening capacity of the Ministry for implementing its Scheme for Development and Empowerment of Adolescents; advocacy on adolescent sexual and reproductive health; capacity building of RGNIYD, NYKS, NSS and NGOs for implementing adolescent health programmes using a life skills approach.

A need to develop this Advocacy Kit was felt in order to provide information on situation of adolescents, their health issues and concerns, and advocate with policy-makers, media, key stakeholders at different levels in the country for mobilizing their support for adolescent programmes. I hope this Kit serves as a useful tool for policy-makers, programme managers and implementers in taking forward the agenda of adolescent health, development and empowerment.



Smt. Meenaxi Anand Chaudhry
Secretary Ministry of Youth Affairs and Sports
Government of India

August 2005
New Delhi

From the desk of the UNFPA Representative

A young girl in her poster entry for the 2004 International Poster Contest, organized by UNFPA - NCERT, said "I want to fly do not cut my wings". This quote sums up my message for this Advocacy Kit on adolescent sexual and reproductive health issues. UNFPA is committed to empowering adolescents with information, skills and services to make responsible choices in all matters of sexual and reproductive health. The Programme of Action at the International Conference on Population and Development, Cairo, 1994, recommended that information and services should be made available to young people if they are to be assisted in avoiding unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS. Special attention is to be given to empower girls and young women, and uphold their rights to be born, to be safe, and to choose with dignity.

It is towards the above objective that the UNFPA assisted Programme of Collaboration with the Ministry of Youth Affairs and Sports, aims at strengthening capacity building and advocacy interventions for equipping young people with desired knowledge and skills. The Programme also aspires to contribute to the goal of the National Youth Policy 2003, which focuses on young people's lives in totality and stresses on inter-sectoral convergence. We hope this Advocacy Kit is a useful input for various partners in their individual and collective efforts to improve the health situation of young people, and adolescents, in particular girls. It is our belief that there is an urgent need to work with young people and empower them as advocates for tackling many of the developmental challenges that lie before us today.



Mr. Hendrik van der Pol
UNFPA-India Representative